M. DATA COLLECTION AND RETENTION; OUTCOME MEASURES

Data Collection and Retention

All programs shall maintain an outcome data entry system (DES) for all clients. In addition, all programs must maintain daily records of services provided, including dates of service, times of service, total time of service, types of services provided, persons served, and progress of clients in meeting the objectives of the care plan. DES entry shall be completed at designated intervals, including intake, UR and discharge. Records shall be kept up to date and data shall be entered into the CMHS MIS within one business day of service delivery.

Outcome Tools and Requirements

Measuring outcomes is an integral aspect of System of Care principles. Standard outcomes have been established for all CMHS providers. Specialized programs may have individual program outcomes either in addition to or in lieu of standard outcomes measured by all programs.

- For 80% of discharged clients whose episode lasted 6 months or longer, Child and Adolescent Measurement System (CAMS) total score at discharge shall show clinically significant improvement compared to the client's intake score.
- For 80% of discharged clients whose episode lasted 6 months or longer, the Client Functioning Quadrant that contains at least one of the targeted treatment goals shall be at least one level higher (improvement) at discharge than at admission.
- For 80% of those clients who remain in the program for 6 months or longer, the discharge summary shall reflect no increased impairment resulting from substance use, as measured by the Client Functioning Quadrants rating for substance use.
- Completion rate on Youth Services Survey (YSS) and Youth Services Survey-Family (YSS-F) shall meet or exceed the 80% standard established by the County of San Diego Children's Mental Health.
- Aggregated scores on the Youth Service Survey (YSS) and the Youth Services Survey Family (YSS-F) shall show an average of 80% or more of respondents responding in the two most favorable categories (e.g., 25% Agree plus 55% Strongly Agree) for at least 75% of the individual survey items.
- Contractor's scores on the Family Centered Behavior Scale shall average 80% or higher across questions/test items.

Additional Data Information:

Additional data may be required in your specific contract or program. This may involve additional tools for specific parts of the system, such as wraparound and residential programs.

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DATA REQUIREMENTS

Your contract may also require manual collection of certain outcomes from charts, such as number of hospitalizations, arrests, or changes in level of placement/living situation. The data so collected should be submitted on your MSR or as directed by the County.

When directed by the County, Contractor shall participate in outcome evaluation of services as follows:

1. **Client Satisfaction**: Currently administered twice a year to clients and families who receive services during a two week interval specified by the State of California

    a) Youth aged 13 and over complete the Youth Services Survey and attached questions
    b) Parents/caregivers of children and youth up to age 18 complete the Youth Services Survey-Family.
    c) Surveys are to be administered in a manner that ensures full confidentiality and as directed by the Child and Adolescent Services Research Center (CASRC)
    d) Surveys shall be delivered by hand or mailed to CASRC within 14 days after the completion of each survey interval.
    e) Clients and family members shall be administered the Family Centered Behavior Scale after 6 months in Contractor's program and every 6 months thereafter, and additionally at discharge, along with the other assessment tools.

2. **Symptoms/Functioning:**

    CAMS

    a) Youth aged 11 and over shall be administered the Child and Adolescent Measurement System (CAMS) modules at intake and every six months thereafter for the life of the case in Contractor's program, aligned with the utilization review cycle, and additionally at discharge from the Contractor's program. CAMS scores should be considered during Utilization Review as evidence of medical necessity and clinical effectiveness.
    b) Parents/Caregivers of all youth shall be administered the parent modules of the CAMS on the same cycle
    c) Clinicians shall complete clinician modules of the CAMS on the same cycle, if directed by County
    d) All responses shall be recorded by Contractor's staff in an Access database supplied by CASRC, or as otherwise directed by the County. This database, when utilized, shall permit client results to be compiled for individual cases and by program.
    e) Data recorded in the database shall be supplied to CASRC via mailing a disk or direct upload, as directed.

Client Functioning Quadrants

a) All CMHS clients shall be assessed at intake in accordance with the Client Functioning Quadrants on the Behavioral Health Assessment. The Quadrants must also be completed annually and at discharge and are embedded in the Behavioral Health Update and the Discharge Summary. Quadrant scores should be used as evidence of medical necessity and clinical effectiveness.
b) All responses shall be recorded by Contractor's staff in an Access database supplied by CASRC, or as otherwise directed by the County. This database, when utilized, shall permit client results to be compiled for individual cases and by program.
c) Data recorded in the database shall be supplied to CASRC via mailing a disk or direct upload, as directed.

CRAFFT

a) All CMHS clients shall be assessed for substance use at intake and the CRAFFT must be administered. The CRAFFT measure is included in the Behavioral Health Assessment and the Behavioral Health Update.
b) Intake CRAFFT responses shall be recorded by Contractor's staff in an Access database supplied by CASRC, or as otherwise directed by the County. Note that although the CRAFFT must be completed at intake and annually, only the intake responses must be entered into the database. This database, when utilized, shall permit client results to be compiled for individual cases and by program.
c) Data recorded in the database shall be supplied to CASRC via mailing a disk or direct upload, as directed.

Research Projects Involving Children's Mental Health Clients

Some providers may develop research projects or test additional outcome tools with methods that utilize MHP clients. All such projects must be reviewed by the MHP's Research Committee as well as the organization's Internal Review Board, if any. Approval is required prior to implementation of the project.

Medi-Cal Administrative Activity Recording

Federal and State regulations (Welfare and Institutions Code, Section 14132.47, Medi-Cal Administrative Activities) permit counties to earn federal Medi-Cal reimbursement for activities that are necessary for the proper and efficient administration of a State's Medicaid (Medi-Cal) plan. These MAA activities are focused on assisting individuals to access the Medi-Cal program and the services it covers through such functions as Medi-Cal and mental health outreach,

facilitating Medi-Cal eligibility determinations, MAA coordination and claims activities and other designated activities.

Organizational providers may be permitted to provide and claim for MAA activities. The MHP requires that each organizational provider have an approved MAA Claiming Plan prior to claiming MAA activities, and that each provider comply with all applicable State and federal regulations. MAA activities in mental health are governed by a set of procedures, which are described in detail in the MAA Instruction Manual developed by the State Department of Mental Health.

To assist providers, CMHS offers technical assistance and training on MAA through the MAA Coordinator. The MAA Coordinator can provide assistance with claiming and procedural questions or provide a MAA training to staff.

Included in Section O is a Medi-Cal Administrative Activities Procedures Handbook (Section O, Attachment 21) for providers claiming MAA activities with an approved MAA claiming plan. This handout may be used for reference and training purposes.